



TRANS AERO LTD

A ROBERTS COMPANY

APPLICATION FOR EMPLOYMENT

Trans Aero, Ltd. is an Equal Opportunity Employer

I am applying for the following position(s):

- Pilot*
 A&P Mechanic*
 CDL Truck Driver*
 Truck Shop Personnel
 Administrative
 General Labor

***SAFETY SENSITIVE POSITION**

PERSONAL INFORMATION

Last Name			First	Middle	Date
Street Address					Home Telephone ()
City, State, Zip					Cell Phone ()
Have you ever applied for employment with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month & Year					Social Security Number
Are you legally eligible for employment in the Unites States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No					Pay Expected:
Are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?					Will you work overtime if asked <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any crimes, excluding misdemeanors and summary offenses which have not been annulled, expunged or sealed by the court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full:					Have you ever been "Bonded"? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes with what company:
Other special training or skills (languages, machine operation, computer skills, etc.)					

COMPANY USE ONLY

EMPLOYMENT RECORD

APPLICANT HIRED

REJECTED

(NOTE: IF THIS PERSON HOLDS A SECURITY/SAFETY SENSITIVE POSITION* HE/SHE MAY NOT BE EMPLOYED PRIOR TO RECEIVING A "VERIFIED NEGATIVE" DRUG TEST RESULT!!)

DATE OF PRE-EMPLOYMENT "VERIFIED NEGATIVE" DRUG TEST RESULT ____/____/20__

DATE OF EMPLOYMENT ____/____/20__

HIRED BY: _____ DEPARTMENT: _____

DATE ASSIGNED AS: PILOT* ____/____/20__ ; A&P MECHANIC* ____/____/20__ ; CDL DRIVER* ____/____/20__

TERMINATION RECORD

DATE TERMINATED _____ BY WHOM: _____

DISMISSED VOLUNTARILY QUIT OTHER _____

EXIT INTERVIEW PERFORMED Yes No BY WHOM: _____

EDUCATION

SCHOOLING	NAME & LOCATION	COURSE OF STUDY	NO. OF YEARS	DID YOU GRADUATE	DEGREE OR DIPLOMA
GRADUATE SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS/ TRADE SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE

Did you serve in the armed forces of the United States of America? Yes No If yes, what branch?

ARMY NAVY MARINES AIR FORCE COAST GUARD

Describe any training you received while in the military that is relevant to the employment you are applying for:

CLERICAL & ADMINISTRATIVE APPLICANTS

PLEASE CHECK YOUR SKILLS AND <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Accounts receivable <input type="checkbox"/> Payroll <input type="checkbox"/> Excel <input type="checkbox"/> Word Other:	PROFICIENCY: <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
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PILOT APPLICANTS

Airman's Certificate ATP Commercial Instrument Rotorcraft CFI Rotorcraft

Certificate No.: _____ Is your Airman's Certificate under suspension or revocation Yes No

Date Medical Certificate Expires: / /20 Is your Medical Certificate under suspension or revocation Yes No

Helicopter Flight Experience

PIC	hrs.	Cross Country	hrs.	Night	hrs.	Above 8,000 ft.	hrs.	150ft Line	hrs.
Seismic	hrs.	Bag Runner	hrs.	USFS/AMD Carded	<input type="checkbox"/> Yes <input type="checkbox"/> No	Card Expires	/	/20	
Bell 212	hrs.	Bell UH-1H	hrs.	AS350 Astar	SA315B/ Lama	MD500/530			hrs.

Other:

AIRFRAME AND POWERPLANT MECHANIC APPLICANTS

Airman's Certificate

Airframe Powerplant IA (Inspection Authorization)

Is your Airman's Certificate under suspension or revocation Yes No

USFS/AMD Carded Yes No Card Expires / /20

How many years of experience do you have maintaining helicopters yrs.

How many seasons of helicopter field maintenance do you have

Years of experience maintaining the following helicopter:

Bell 1212 yrs. Bell UH-1 yrs. AS350 Astar yrs. SA315B/ Lama yrs. MD500/530 yrs.
Other:

List factory schools you have attended:

Drivers License

CDL REGULAR

Class of License: CLASS A; CLASS B; CLASS C/R

Drivers License No.: State: Date Expires: / /20

Endorsements: HAZ-MAT TANKER TRAILER

Medical Expires: / /20

CDL/DRIVER APPLICANTS

CDL REGULAR

Class of License: CLASS A CLASS B CLASS C/R

Drivers License No.: State: Date Expires: / /20

Endorsements: HAZ-MAT TANKER TRAILER

Medical Expires: / /20

EMPLOYMENT HISTORY LAST FIVE YEARS

EMPLOYER			DATES	
NAME			FROM	TO
ADDRESS			MO. YR.	MO. YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE	
			REASON FOR LEAVING	

WERE YOU SUBJECT TO FMCSA, FAA, FRA, FTA, PHMSA USCG REGULATIONS YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40 YES NO

EMPLOYMENT HISTORY LAST FIVE YEARS (continued)

EMPLOYER			DATES	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO <input type="checkbox"/> FMCSA, <input type="checkbox"/> FAA, <input type="checkbox"/> FRA, <input type="checkbox"/> FTA, <input type="checkbox"/> PHMSA USCG REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40 <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATES	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO <input type="checkbox"/> FMCSA, <input type="checkbox"/> FAA, <input type="checkbox"/> FRA, <input type="checkbox"/> FTA, <input type="checkbox"/> PHMSA USCG REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO				
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EMPLOYMENT HISTORY LAST FIVE YEARS (continued)

EMPLOYER			DATES	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO <input type="checkbox"/> FMCSA, <input type="checkbox"/> FAA, <input type="checkbox"/> FRA, <input type="checkbox"/> FTA, <input type="checkbox"/> PHMSA USCG REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO				
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NAME			FROM MO. YR.	TO MO. YR.
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NAME			FROM MO. YR.	TO MO. YR.
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WAS YOUR JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO DRUG & ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40 <input type="checkbox"/> YES <input type="checkbox"/> NO				

THIS SECTION TO BE COMPLETED BY ALL A&P MECHANIC DRIVERS & CDL DRIVERS

ACCIDENT RECORDS FOR THE PAST 3 YEARS (ATTACH SEPARATE SHEET IF NEEDED) IF NONE, WRITE NONE

DATE	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, Etc)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER TAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DRIVING EXPERIENCE AND QUALIFICATIONS

(List all licenses or permits held in the past 3 years)

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- B) Has any license, permit or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A or B IS YES, GIVE DETAILS:

DRIVING EXPERIENCE CHECK YES or NO

CLASS OF EQUIPMENT	SELECT TYPE OF EQUIPMENT	DATES		APPROX. NO. MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			
TRACTOR-THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			
OTHER	<input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> DUMP <input type="checkbox"/> REFER			

CHECK THE BOX FOR THE REGIONS OF THE U.S.A. YOU HAVE OPERATED IN DURING THE LAST 5 YEARS

- NORTHEAST; SOUTHEAST; NORTH CENTRAL; SOUTH CENTRAL; NORTHWEST; SOUTHWEST

LIST SPECIAL COURSES THAT YOU HAVE TAKEN THAT WILL HELP YOU AS A DRIVER:

LIST ANY "SAFE DRIVING AWARDS" YOU HAVE RECEIVED:

LIST SPECIAL EQUIPMENT OR TECHNICAL TRAINING OTHER THAN LISTED ELSEWHERE IN THIS APPLICATION:

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application was completed by me, and that all entries and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____ / _____ / 20_____